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1129 U.S. PTO

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Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. SONYJP 3.0-199	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Takehiko Nakano	
		Title INFORMATION CONTROL METHOD., etc.	
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 51]		a. <input type="checkbox"/> Computer Readable Form (CRF)	
(preferred arrangement set forth below)		b. Specification Sequence Listing on:	
- Descriptive title of the invention		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or	ii. <input type="checkbox"/> paper
- Cross Reference to Related Applications		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Statement Regarding Fed sponsored R & D		ACCOMPANYING APPLICATIONS PARTS	
- Reference to sequence listing, a table, or a computer program listing appendix		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Background of the Invention		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
- Brief Summary of the Invention		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Detailed Description of the Drawings (if filed)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
- Claim(s)		13. <input type="checkbox"/> Preliminary Amendment	
- Abstract of the Disclosure		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 19]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
5. Oath or Declaration [Total Pages]		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.	
a. <input type="checkbox"/> Newly executed (original or copy)		17. <input checked="" type="checkbox"/> Other: Unexecuted Declaration	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input type="checkbox"/> Application Data Sheet See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____			
Prior application information. Examiner _____ Group / Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530	
		or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax
Name (Print/Type) Robert B. Cohen		Registration No. (Attorney/Agent) 32,768	
Signature 		Date August 15, 2001	

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>				Complete if Known																																																																																																																																																																																															
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METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Deposit Account Number 12-1095 Deposit Account Name Lerner, David, Littenberg, Krumholz & Mentlik, LLP </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 </div>				3. 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